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FACSIMILE COVER LETTER

To:	Commissioner for Patents
Firm:	U.S. Patent and Trademark Office
Facsimile:	(703) 872-9306
From:	Thomas F. Presson
Date:	April 15, 2005
Re:	FLH Ref No.: 450100-03090
	Serial No: 09/821,651

Number of Pages: 13
(including cover page)

If you do not receive all pages or are unable to read the transmission, please call and ask for Carol Ann Rossitto (Ext. 2023).

00272027

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Takao Yoshimine, et al.
Serial No.	:	09/821,651
Filed	:	March 29, 2001
For	:	INFORMATION PROCESSING DEVICE, SERVER CONNECTION METHOD, PROGRAM STORAGE MEDIUM, AND NETWORK SYSTEM
Examiner	:	Chankong, Dohm
Art Unit	:	2152

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.
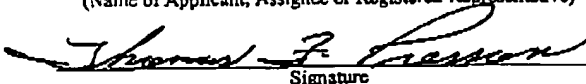
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	12	Minus	** =20	* 0 x	$50 (25)	= $ 0
Independent claims	4	Minus	*** =4	* 0 x	$200 (100)	= $ 0
		Total additional fee for this amendment				$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $360(180) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.

☐ Charge $_____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being transmitted via facsimile to 703-872-9306 on the date shown below

_____Thomas F. Presson, Reg. No.41,442_____
(Name of Applicant, Assignee or Registered Representative)

_____
Signature

_____April 15, 2005_____
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: _____
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

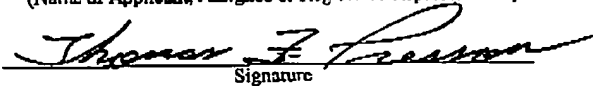|		
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Art Unit	:	2152
Confirmation No.	:	5730

APR 1 2005

745 Fifth Avenue
New York, NY 10151

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Thomas F. Presson, Reg. No.41,442
(Name of Applicant, Assignee or Registered Representative)

Thomas F. Presson
Signature

April 15, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on January 24, 2005, having a three-month statutory period for response set to expire on April 24, 2005. Please amend the above-identified application as follows.

-1-

00269388

-2-

Remarks/Arguments begin on page 8 of this paper.

page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on

450100-03090
PATENT